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<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	A02G Group Annuities - Deferred Non-variable/A02G.001 Fixed Premium		
<b>Product Name:</b>	Group Fixed Annuity Application Form G.20401		
<b>Project Name/Number:</b>	Group Fixed Annuity Application Form G.20401/CBF15-024 RS		

## Filing at a Glance

Company:	Metropolitan Life Insurance Company
Product Name:	Group Fixed Annuity Application Form G.20401
State:	District of Columbia
TOI:	A02G Group Annuities - Deferred Non-variable
Sub-TOI:	A02G.001 Fixed Premium
Filing Type:	Form
Date Submitted:	09/01/2015
SERFF Tr Num:	META-130228232
SERFF Status:	Pending Industry Response
State Tr Num:	
State Status:	
Co Tr Num:	CBF15-024 RS
Implementation	On Approval
Date Requested:	
Author(s):	Owen Shakespeare
Reviewer(s):	John Rielley (primary)
Disposition Date:	
Disposition Status:	
Implementation Date:	

**State:** District of Columbia **Filing Company:** Metropolitan Life Insurance Company  
**TOI/Sub-TOI:** A02G Group Annuities - Deferred Non-variable/A02G.001 Fixed Premium  
**Product Name:** Group Fixed Annuity Application Form G.20401  
**Project Name/Number:** Group Fixed Annuity Application Form G.20401/CBF15-024 RS

## General Information

Project Name: Group Fixed Annuity Application Form G.20401 Status of Filing in Domicile:  
Project Number: CBF15-024 RS Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Group  
Submission Type: Group Market Size: Small and Large  
Group Market Type: Employer Overall Rate Impact:  
Filing Status Changed: 09/03/2015  
State Status Changed: Deemer Date:  
Created By: Owen Shakespeare Submitted By: Owen Shakespeare  
Corresponding Filing Tracking Number:

Filing Description:

RE: Group Fixed Annuity Application Form G.20401

Dear Sir or Madam:

Enclosed is a copy of Group Fixed Annuity Application Form G.20401 (the "Form") for your review and approval. The Form has been prepared for use as the application that will be used to apply for the purchase of annuities under various MetLife terminal funding contracts, such as the following:

Form Number Group Annuity Contract Form DC Approval Date  
G.2505 Terminal Funding Contract 09/25/75  
G.2906 Terminal Funding Contract 01/29/86  
G.2952A Terminal Funding Contract 12/12/95  
G.4280 Life Annuity Certificate 01/19/70  
G.4281 Modified Cash Refund Life Annuity Certificate 01/19/70  
G.4282 Term Certain and Life Annuity Certificate 01/19/70  
G.4283-1 Term Certain Annuity Certificate 10/20/72  
G.4284 Joint & Survivor Life Annuity Certificate 01/19/70  
G.4289 Joint & Survivor (Defined) Life Annuity Certificate 05/03/71  
G.4327 Life Annuity Certificate 01/29/86  
G.4328 Join & Survivor Annuity Certificate 01/29/86

The portions of the Form which are bracketed are variable; those variable portions in a red, bold, contrasting font are illustrative. A Memorandum of Variable Material is also included with the SERFF filing. No state has disapproved the Form and it does not supersede any previously filed form. There are no sales materials.

The Form will be issued on a general basis for use in all jurisdictions. Please advise us whether the Form meets the requirements for approval by your Department.

Sincerely,

Rebecca Stockel

**State:** District of Columbia **Filing Company:** Metropolitan Life Insurance Company  
**TOI/Sub-TOI:** A02G Group Annuities - Deferred Non-variable/A02G.001 Fixed Premium  
**Product Name:** Group Fixed Annuity Application Form G.20401  
**Project Name/Number:** Group Fixed Annuity Application Form G.20401/CBF15-024 RS

## Company and Contact

### Filing Contact Information

Rebecca Stockel, Documents Coordinator - rstockel@metlife.com  
Contracts  
200 Park Avenue 212-578-8358 [Phone]  
12th Floor  
New York, NY 10166

### Filing Company Information

Metropolitan Life Insurance Company	CoCode: 65978	State of Domicile: New York
MetLife	Group Code: 241	Company Type: Life
1095 Avenue of the Americas	Group Name:	State ID Number:
New York, NY 10036	FEIN Number: 13-5581829	
(212) 578-2211 ext. [Phone]		

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## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:

State:	District of Columbia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	A02G Group Annuities - Deferred Non-variable/A02G.001 Fixed Premium		
Product Name:	Group Fixed Annuity Application Form G.20401		
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## Correspondence Summary

### Objection Letters and Response Letters

#### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	John Rielley	09/03/2015	09/03/2015

#### Response Letters

Responded By	Created On	Date Submitted
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**State:** District of Columbia **Filing Company:** Metropolitan Life Insurance Company  
**TOI/Sub-TOI:** A02G Group Annuities - Deferred Non-variable/A02G.001 Fixed Premium  
**Product Name:** Group Fixed Annuity Application Form G.20401  
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## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	09/03/2015
Submitted Date	09/03/2015
Respond By Date	09/09/2015

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Dear Rebecca Stockel,

**Introduction:**

take brackets off DC Fraud Statement.

**Conclusion:**

Sincerely,  
John Rielley

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	A02G Group Annuities - Deferred Non-variable/A02G.001 Fixed Premium		
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## Form Schedule

Lead Form Number:								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Group Annuity Contract Application	Form G.20401	AEF	Initial			Form G.20401 MGIP App - John Doe Copy.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

# Metropolitan Life Insurance Company

## MetLife Guaranteed Income Program

Fixed [Immediate] Income Annuity Application



**MetLife**

**Please read the accompanying instructions carefully before completing this application.**

This is an enrollment form to purchase an annuity under a group annuity contract for a

☐ Non-Qualified

☐ Governmental Section 457

☐ Tax-exempt Section 457(b)

☐ Keogh

☐ Section 403(a)

☒ Section 403(b)

☐ SEP Section 408(k) plan]

### 1. Applicant/Annuitant (Annuitant will be the Owner unless Owner section is completed.)

First Name <b>[John]</b>	Middle Initial <b>[A]</b>	Last Name <b>[Doe]</b>	Social Security Number <b>[123-45-6789]</b>	
Street Address <b>[123 Main Street]</b>		City <b>[New York]</b>	State <b>[NY]</b>	Zip Code <b>[10166]</b>
[Gender] <b>[M]</b>	Date of Birth <b>[01-01-1950]</b>		[Marital Status] <b>[M]</b>	
[Citizenship] <b>[US]</b>	[Country of Legal Residence] <b>[US]</b>		Telephone Number <b>[212-111-1111]</b>	
[Occupation] <b>[Retired]</b>				

**ID Verification:**

☒ US Driver's License

☐ Green Card

☐ Passport

☐ Other (please specify)

**ID Issuer (State):** **[NY]**

**ID Issue Number:** **[NY123456]**

**ID Issue Date:** **[01-01-2014]**

**ID Expiration Date:** **[01-01-2020]**

## Joint Annuitant

(Complete only if you elect **Income payments based on your life and someone else's life** under Section 3. If you are married and you are purchasing this annuity under a plan that is subject to the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), you must designate your spouse as the Joint Annuitant, unless your spouse consents to your designation of a non-spouse Joint Annuitant by completing your plan's consent form.)

First Name	Middle Initial	Last Name	Social Security Number	
Street Address		City	State	Zip Code
[Gender]	Date of Birth		[Marital Status]	
[Citizenship]	[Country of Legal Residence]		Telephone Number	
[Occupation]				

**ID Verification:**

☐ US Driver's License

☐ Green Card

☐ Passport

☐ Other (please specify)

**ID Issuer:** \_\_\_\_\_

**ID Issue Number:** \_\_\_\_\_

**ID Issuer (date):** \_\_\_\_\_

**ID Expiration Date:** \_\_\_\_\_

**Note:** You must provide proof of all annuitants' birth dates.

**Owner** (Complete this section only if the Owner is different from the Annuitant)

Name of Plan, Trust or Employer			
Street Address			Employer ID#
City	State	Zip Code	Social Security Number or TIN
Citizenship	Country of Legal Residence		

**ID Verification:**

☐ US Driver's License

☐ Green Card

☐ Passport

☐ Other (please specify)

**ID Issuer:** \_\_\_\_\_

**ID Issue Number:** \_\_\_\_\_

**ID Issuer (date):** \_\_\_\_\_

**ID Expiration Date:** \_\_\_\_\_

**Note:** If you have named a Joint Annuitant, either Owner may exercise any and all rights under the annuity unless the Owner specifies otherwise in writing.



## 2. Payment Options

### A. [Income Payment Options: Select one of the income payment options in Section 2.A.

**Note:** If you are married and you are purchasing this annuity under a plan that is subject to ERISA, your spouse must complete your plan's consent form in order for you to elect (a) an Income Payment Option other than, **Income payments based on your life and someone else's life**, with your spouse as the Joint Annuitant under this section.

#### 1. [Income for a fixed period only

☐ Income Guaranteed Period of \_\_\_\_\_ years\* (5-30) [and Withdrawal Option]

#### 2. Income payments based on your life

☐ Lifelong Income

☒ Lifelong Income with a Guarantee Period of [20] years\* (5-30)

#### 3. Income payments based on your life and someone else's life

☐ Lifelong Income for Two

☐ Lifelong Income for Two with a Guarantee Period of \_\_\_\_\_ years\* (5-30)

☐ Lifelong Income for Two with Return of Premium Guarantee

For any of the above three options, please mark the appropriate boxes below:

a) Percentage of payment continued to survivor\*: ☐ 100% ☐ 75% ☐ 66 ⅔% ☐ 50% [☐ 33 ⅓%\*\*]

b) ☐ After you die ☐ After either one of you dies

*\*For annuities other than a non-qualified annuity, the Internal Revenue Code may limit your distribution period or percentage election.*

*[\*\*If 33 ⅓% is elected, spousal consent must be signed.]]*

### B. [Withdrawal Option

(Available with any of the previously specified payment options in Section 2.A at time of application. May not be changed once elected.)

☐ Withdrawal Option

☒ No Withdrawal Option

**Note:** Selecting the Withdrawal Option will reduce your income payments.]

### C. [Inflation Protection Option

You may select only one option below:

☒ Add the Inflation Protection Option with the Income Payment Option indicated above

Select one:

☒ Payment increase based on change in the Consumer Price Index (CPI-U)

☐ Cost of living increase

Select increase every

☐ 12 months

☐ 24 months

☐ 36 months

Select increase percentage

☐ 1%

☐ 2%

☐ 3%

☐ No Inflation Protection]

### D. [Income Payment Frequency: ☒ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually]

### E. Income Payment Start Date: [05/ 01 /2015] [(Income payments must begin within 12 months.)]

Month Day Year

## F. [Pre-Commencement Death Benefit

If you elected **Income payments based on your life** (Section 2.A.1 or Section 2.A.2), your pre-commencement death benefit would be determined based on when the annuitant dies. Please choose an option below:

☐ No death benefit

☐ Death benefit

If you elected **Income payments based on your life and someone else's life** (Section 2.A.3), please choose one of the following options.

☐ No death benefit

☐ Death benefit on primary's death

☐ Death benefit on first to die

☐ Death benefit on last to die

## 3. Beneficiary Designation

Any payments will be made to the beneficiary(ies) listed below in equal shares, unless specified otherwise.

*(Note: If you are married and you are purchasing this annuity under a plan that is subject to ERISA, you must designate your spouse as the primary beneficiary, unless your spouse consents to your designation of a non-spouse primary beneficiary by completing your plan's consent form.)*

### Primary Beneficiary(ies):

First Name <b>[Mary]</b>	Middle Initial <b>[A]</b>	Last Name <b>[Doe]</b>	Social Security Number <b>[987-65-4321]</b>	
Street Address <b>[123 Main Street]</b>		City <b>[New York]</b>	State <b>[NY]</b>	Zip Code <b>[10166]</b>
Date of Birth <b>[01-01-1951]</b>	Relationship <b>[Spouse]</b>	Telephone Number <b>[212-111-1111]</b>		Percentage <b>[100%]</b>

First Name	Middle Initial	Last Name	Social Security Number	
Street Address		City	State	Zip Code
Date of Birth	Relationship	Telephone Number		Percentage

### Contingent Beneficiary(ies):

First Name <b>[Nancy]</b>	Middle Initial <b>[L]</b>	Last Name <b>[Doe]</b>	Social Security Number <b>[555-55-5555]</b>	
Street Address <b>[123 Main Street]</b>		City <b>[New York]</b>	State <b>[NY]</b>	Zip Code <b>[10166]</b>
Date of Birth <b>[01-01-1975]</b>	Relationship <b>[Daughter]</b>	Telephone Number <b>[212-111-1111]</b>		Percentage <b>[50%]</b>

First Name <b>[Joseph]</b>	Middle Initial <b>[L]</b>	Last Name <b>[Doe]</b>	Social Security Number <b>[111-11-1111]</b>	
Street Address <b>[123 Main Street]</b>		City <b>[New York]</b>	State <b>[NY]</b>	Zip Code <b>[10166]</b>
Date of Birth <b>[01-01-1978]</b>	Relationship <b>[Son]</b>	Telephone Number <b>[212-111-1111]</b>		Percentage <b>[50%]</b>

#### 4. Direct Deposit

Please complete the following information to have income payments deposited directly to your account at the financial institution specified below.

Type of account: ☒ Checking ☐ Savings ☐ Other \_\_\_\_\_ (Specify type)

Account number: [0001111111]

Bank routing number\* [012345678]

*\*This number is the first nine digits displayed on your check. For verification, please also attach a voided check from your checking account or a deposit slip from your savings account.*

Financial Institution:

Name <b>[ABC Bank]</b>			
Street Address <b>[9876 Broadway]</b>	City <b>[Nashville]</b>	State <b>[TN]</b>	Zip Code <b>[37215]</b>

☐ Check here if you prefer to receive your income payments by check.

#### 5. Purchase Payment Information (Minimum purchase amount is [\$5,000].)

A. ☒ 100% of my **Plan** account balance (estimated amount \$ [80,000] )

☐ Specific dollar amount \$ \_\_\_\_\_ ]

B. [Amount of purchase payment previously taxed: \$ \_\_\_\_\_  
(to be filled in by your plan's plan administrator)]

#### 6. Source of Funds

Please indicate the source of funds for purchase payment:

☐ Direct Rollover/Transfer ☐ Indirect Rollover/Transfer]

#### 7. Tax Withholding Election

The income payments you receive are subject to federal income tax withholding. Please read the information provided in this Section and the instructions carefully. Indicate whether or not you want federal income tax withholding (if applicable) and the desired withholding level by checking the appropriate box(es). You may refer to the worksheet in IRS Form W-4P (or W-4, if applicable) to estimate your withholding allowances.

Notwithstanding the foregoing, mandatory wage withholding is required for payments made under a Non-Qualified plan (or a Tax-exempt Section 457(b) plan) maintained by an employer and you cannot elect out of withholding. If you fail to make designate your marital status and allowances below, you will be treated as single with no withholding allowances.

**Select one of the withholding options listed below:**

☐ Do not withhold federal or state income taxes from my income payments. I understand that I am still liable for the payment of federal and state income tax on the taxable portion of each payment, and that this option is not available if the annuity is held under a Non-Qualified plan (or a Tax-exempt Section 457(b) plan) maintained by my employer.

(My election is void unless I have provided my correct social security number or taxpayer identification number.)

☒ Please withhold federal income taxes and state income taxes, where required, from the taxable portion of each income payment based on the following allowances and marital status selected below:

☒ Married   ☐ Single   ☐ Married but withhold at higher single rate

Number of withholding allowances claimed: [2]

Withhold the following additional amount of taxes from each income payment: \$ \_\_\_\_\_

Social Security Number or Taxpayer Identification Number: \_\_\_\_\_]

**Under penalties of perjury, I certify that:**

1. The number shown on this form is my correct taxpayer identification number, and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (If you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return, you must cross out and initial this item.)
3. I am a U.S. citizen or other U.S. person, and
4. I am not subject to FATCA reporting because I am a U.S. person and the account is located within the United States.

(If you are not a U.S. Citizen or other U.S. person for tax purposes, please cross out the last two certifications and complete appropriate IRS documentation.) The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

[John A. Doe]

Signature of Annuitant

[08/14/15]

Date

## 8. Signature of Applicant

### A. Important Information About Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

### B. [Notice to Applicant]

**Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, New Mexico, Ohio, Rhode Island and West Virginia Residents Only** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado Residents Only** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Florida Residents Only** A person who knowingly and with intent to injure, defraud, or deceive any insurance company, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky Residents Only** Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine, Tennessee, Virginia and Washington Residents Only** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, or a denial of insurance benefits.

**Maryland Residents Only** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey Residents Only** Any person who knowingly files a claim containing any false or misleading information is subject to criminal and civil penalties.

**Oklahoma Residents Only** WARNING: Any person who knowingly, and with the intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

**Oregon and Vermont Residents Only** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**Puerto Rico Residents Only** Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

**Pennsylvania Residents and All Other States** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

## C. ]Signature

I hereby represent my answers to the above questions to be correct and true to the best of my knowledge and belief. I understand that[, except to the extent provided under the Withdrawal Option if elected at issuance,] this annuity has no cash value and cannot be surrendered. [I also understand that if I elect the Withdrawal Option and/or the Inflation Protection feature, income payments will be lower than if I had not elected the option.]

I understand that Metropolitan Life Insurance Company does not guarantee the tax consequences of the annuity, (including, but not limited to, whether the IRA or other tax-qualified annuity meets minimum distribution requirements and how much of each income payment or withdrawal is excludable from income as a return of any after-tax contribution) and I should consult my own tax advisor prior to purchase of the annuity and prior to the purchase or exercise of the withdrawal option. I also acknowledge that I have read the accompanying tax disclosure in the instructions to this Application.

[I acknowledge that I have read the applicable fraud warning(s) provided in the application.]

If I elected the direct deposit option under Section 4, I understand that MetLife will not be liable for any failure to modify or terminate this arrangement until it has received a written request from me and it has had a reasonable time to act upon it. I understand that MetLife's responsibility is fully satisfied as soon as a deposit is made to my account. If any overpayment of income payments is credited to my account in error, I hereby authorize and direct the Financial Institution to charge my account and to refund the overpayment to MetLife.

**[John A. Doe]**

**[08/14/15]**

Signature of Applicant/Annuitant

Date

**[123 Main Street]**

**[New York]**

**[NY]**

Signed at

City

State

\_\_\_\_\_  
[Signature of Witness]

\_\_\_\_\_  
Month / Day / Year]

**9. Signature of Owner** (Complete only if the Owner is different from the Annuitant)

I, the Owner, agree to designate the Annuitant as the payee, and authorize the Annuitant to reallocate future annuity income and the right to change the beneficiary designation. I agree that neither MetLife nor its representatives shall be liable for any adverse consequences as a result of this authorization.

\_\_\_\_\_  
Signature of officer, partner, or trustee of Owner

\_\_\_\_\_  
Month / Day / Year

\_\_\_\_\_  
Title of officer, partner, or trustee

**Pursuant to IRS Circular 230, MetLife is providing you with the following notification:**

***The information contained in this document and in any attachments is not intended to (and cannot) be used by anyone to avoid IRS penalties. This document supports the promotion and marketing of this annuity. You should seek advice based on your particular circumstances from an independent tax advisor.***

**MetLife®**

**Metropolitan Life Insurance Company**

[200 Park Avenue  
New York, NY 10166]

[\[www.metlife.com\]](http://www.metlife.com)

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<b>SERFF Tracking #:</b>	META-130228232	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	CBF15-024 RS
<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Metropolitan Life Insurance Company		
<b>TOI/Sub-TOI:</b>	A02G Group Annuities - Deferred Non-variable/A02G.001 Fixed Premium				
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## Supporting Document Schedules

<b>Satisfied - Item:</b>	Supporting Documentation
<b>Comments:</b>	
<b>Attachment(s):</b>	Form G.20401 MOVIM.pdf G.20401 MGIP App - DC Read Cert.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

**Metropolitan Life Insurance Company**  
**Memorandum of Variable Material ("MOVIM") for**  
**MetLife Guaranteed Income Program Group Annuity Application**  
**Form G.20401**  
**September 1, 2015**

Brackets are used to denote variable material on the Form. The form has been completed in "John Doe" fashion; these portions (showing in bold, red, alternate font) are illustrative.

<b>Bracketed Text Specifications</b>	<b>Variable Wording</b>
Fixed Immediate Income Annuity Application	The word "Immediate" may or may not be included in future reprints, as applicable on a case-by-case basis.
Group Annuity Contract Types	We reserve the right to offer this product for some or all of the plan options shown in the filed application at future reprints. The options that are offered will print as they appear on the filed application.
Applicant/Annuitant information: Gender, Marital Status, Citizenship, Country of Legal Residence, Occupation	The bracketed fields may or may not be included in future reprints, as applicable on a case-by-case basis. If it is included, it will appear as it appears on the filed application.
Joint Annuitant information: Gender, Marital Status, Citizenship, Country of Legal Residence, Occupation	The bracketed fields may or may not be included in future reprints, as applicable on a case-by-case basis. If it is included, it will appear as it appears in the filed application.
2. A. Income Payment Options	We reserve the right to offer some or all of the income payment options shown in the filed application at future reprints. The options that are offered will print as they appear on the filed application.
2. A. 1. Withdrawal Option	The language "and Withdrawal Option" will appear as it appears on the filed application whenever a withdrawal option is offered and Section 2. B. Withdrawal Option appears.
2. A. 3. 33 <sup>1</sup> / <sub>3</sub> %	When Option 3 is offered, the option to elect 33 <sup>1</sup> / <sub>3</sub> % will print only where applicable. If it is available, then the bracketed phrase, "If 33 <sup>1</sup> / <sub>3</sub> % is elected, spousal consent must be signed." will also appear.
2. B. Withdrawal Option	We reserve the right to offer a withdrawal option on a non-discriminatory basis. If offered, it will print as shown on the filed application.
2. C. Inflation Protection Option	We reserve the right to offer an inflation protection option on a non-discriminatory basis. If offered, it will print as shown on the filed application.



**Metropolitan Life Insurance Company**  
**Memorandum of Variable Material ("MOV") for**  
**MetLife Guaranteed Income Program Group Annuity Application**  
**Form G.20401**  
**September 1, 2015**

<b>Bracketed Text Specifications</b>	<b>Variable Wording</b>
2. D. Income Payment Frequency	We reserve the right to offer an income payment frequency option on a non-discriminatory basis. If offered, it will print as shown on the filed application.
2. E. (Income payments must begin within 12 months.)	The 12-month requirement may or may not be included in future reprints, as applicable on a case-by-case basis. If it is included, it will appear as it appears on the filed application.
2. F. Pre-Commencement Death Benefit	We reserve the right to offer a pre-commencement death benefit option on a non-discriminatory basis. If offered, it will print as shown on the filed application.
5. Purchase Payment Amount	The minimum purchase payment amount will be no less than \$500 and no more than \$10,000.
5. A. 100% of my Plan account balance/ Specific dollar amount	We reserve the right to offer either both of the options under Section 5.A., or only the second option for specific dollar amount. The options that are offered will print as they appear on the filed application.
5. B. Amount of purchase payment previously taxed	We reserve the right to offer the option under Section 5.B. on non-discriminatory basis. If offered, it will print as shown on the filed application.
6. Source of Funds	We reserve the right to offer one or both of the source of funds options shown in the filed application at future reprints. The options that are offered will print as they appear on the filed application. At least one option will always print.
7. Tax Withholding Election	We reserve the right to offer some or all of the withholding options shown in the filed application at future reprints. The options that are offered will print as they appear on the filed application.
8. B. State Fraud Warnings	The text in this section may be enhanced for clarity or compliance with applicable insurance laws in your state or other states, as required.
8. C. Signature, First Paragraph, Withdrawal Option	The bracketed language concerning a Withdrawal Option in this section may or may not be included in future reprints, based on whether a Withdrawal Option is offered and selected in Section 2. B. If applicable, this language will print as it appears on the filed application.

**Metropolitan Life Insurance Company**  
**Memorandum of Variable Material ("MOVIM") for**  
**MetLife Guaranteed Income Program Group Annuity Application**  
**Form G.20401**  
**September 1, 2015**

<b>Bracketed Text Specifications</b>	<b>Variable Wording</b>
8. C. Signature, Third Paragraph, Fraud Warning Acknowledgment	No fraud warning acknowledgment will appear on the Form when used in states not allowing fraud warnings. For use in all other states, the language will print as it appears on the filed application.
MetLife Address	This field is bracketed to allow us to change the address and zip code of our main office address if necessary. If the address changes in the future, we will submit an informational filing to the Department showing such change.
<a href="http://www.metlife.com">www.metlife.com</a>	Our web address may change in the future.

**DISTRICT OF COLUMBIA  
POLICY FORM CERTIFICATION**

FOR FORM NO. G.20401

Metropolitan Life Insurance Company hereby certifies:  
(Name of Insurer)

**A. Readability Standards**

1. That the Flesch Score for said form is 50
2. That said form is printed in not less than ten point type.
3. That said form was analyzed in its entirety. The necessary calculations are illustrated as follows:
  - a. Total number of words = 2755
  - b. Total number of sentences = 288
  - c. Total number of syllables = 4793
  - d. (a divided by b) x 1.015 = 9.71
  - e. (c divided by a) x 84.6 = 147.18
  - f.  $206.835 - d - e$  = 40.945
4. That said form was analyzed separately from the policies with which it will be used.

**B.** That said form together with any other forms with which it will be used provide no less coverage than required by Insurance Code Section 31-4725 and any accompanying regulations.

**C. Signature of Officer of Insurer:**

  
Signature

Henry Blaylock

Name (Print)

Vice President

Title of Officer